

NOTE: Please fill in requested information as completely as possible. Place an (X) in the correct feature/description. MANDATORY fields are indicated by (*) asterisks.

MIDLANT BSVE MOTOR VEHICLE DESCRIPTION AND VEHICLE CHECKLIST

Vehicle Tag * N9476336 **Location/Site** * PWD CRANE
IO# * _____ **EC** * 0313-01 **Leased/Owned/Non Owned** * OWNED
Odometer Reading * 80490 **Hours** _____ **Acquisition Cost** * _____
Manufacturer * CHEVROLET **Model** * 1500 5.3L
Year Mfg. * 2007 **VIN** * 1GCEC14Z47Z155961
Pass Cap 3 **Trans (Man/Auto)** AUTO **# Doors** 2
Color (Ext */Int) WHITE / BLACK **Fuel Type** * GAS **Fuel Cap** _____ **Cylinders** 8
#Axles 2 **Pickup Bed (narrow/wide)** WIDE **Bed Length** 8 **GVWR** * 6400 LB
Body Style/Description TRUCK CARGO PICKUP TO 8500 GVWR 8 FT BED REG CAB
Installation Date _____ **Acquisition Date** * _____ **In-Service Date** * _____
Purchase Price: _____ **Warranty Expiration Date/Miles:** _____ / _____
Warranty Expiration Date/Miles: _____ / _____ **MSA** ☐ Yes ☐ No
Owning Activity * _____ **UIC** _____
Activity POC KEVIN FUHRMAN **POC Work Phone ONLY** 812-854-5557
Secondary POC HAROLD MCINTOSH **POC Purchase Price:** 812-854-3115
☐ GSA ☐ Agency Owned ☐ Long Term Commercial Lease ☐ Short Term Rental
Operational Status: ☐ Oper ☐ Decom ☐ Pend ☐ Other : _____
Exemption ID * _____ **Location Code** * _____ **Location Zip** * 47522 **WC** _____

Vehicle Specifications:

Purchase Contract Number:	RPN:
Engine Type:	Engine Serial Number:
Number of Cylinders:	Engine Size: 5.3L
Battery Size (amp):	Transmission Type:
Auxiliary Engine Type:	Aux. Eng. Serial Number:
Aux. Eng. Power:	Aux. Eng. Cylinders:
Tire Size, Front:	Tire Size, Rear:
Ignition Code:	Lease Contract Number:

Please check/list any special features and accessories:

<input type="checkbox"/> 4x4	<input type="checkbox"/> AWD	<input type="checkbox"/> Dual Wheels	<input type="checkbox"/> Power Locks
<input type="checkbox"/> 4x6	<input type="checkbox"/> Extended Cab	<input type="checkbox"/> Towing Package	<input type="checkbox"/> Power Windows
<input type="checkbox"/> 6x6	<input type="checkbox"/> Crew Cab	<input type="checkbox"/> Utility Body	<input type="checkbox"/> Tire Chains

Please check/describe vehicle condition:

<input type="checkbox"/> A/C Inoperable	<input type="checkbox"/> Electrical Problems	<input type="checkbox"/> Headlights Inoperable	<input type="checkbox"/> Starter Bad-Won't Start
<input type="checkbox"/> Battery(s) Dead/Missing	<input type="checkbox"/> Exhaust System Problem	<input type="checkbox"/> Keys Missing	<input type="checkbox"/> Speedometer Inoperable
<input checked="" type="checkbox"/> Body Damage, Rust	<input type="checkbox"/> Fire Damage	<input type="checkbox"/> Parking Lights Inoperable	<input type="checkbox"/> Suspension Problems
<input type="checkbox"/> Brakes Worn	<input type="checkbox"/> Flood Damage	<input type="checkbox"/> Mechanical Problems	<input type="checkbox"/> Transmission Leak
<input checked="" type="checkbox"/> Dents, Minor	<input type="checkbox"/> Fuel Gauge Inoperable	<input checked="" type="checkbox"/> Minor Scratches	<input type="checkbox"/> Trans. Repairs Req.
<input type="checkbox"/> Engine Part(s) Required	<input type="checkbox"/> Interior Damaged	<input type="checkbox"/> Odometer Inoperable	<input type="checkbox"/> Visual Blemishes
<input type="checkbox"/> Engine Repairs Req.	<input type="checkbox"/> Hazard Lights Inoperable	<input type="checkbox"/> Oil Leaks	<input type="checkbox"/> Windshield Cracked
<input type="checkbox"/> Engine Smoke	<input type="checkbox"/> Horn Inoperable	<input type="checkbox"/> Radiator Leak	<input type="checkbox"/> Wipers Inoperable
<input type="checkbox"/> Axel Damage	<input type="checkbox"/> Frame Damage	<input type="checkbox"/> Tires(condition)	

Please Check Appropriate Condition Code:

- ☐ Code 1 = Excellent ☐ Code S = Scrap (Major mechanical or accidents repairs required.)
☒ Code 4 = Usable ☐ Code X = Salvage (Not to be "Titled" for highway use.)
☐ Code 7 = Repairable (Mechanical and/or accident repairs required)

Data Recorded By: _____ **Date:** _____

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(con't)

Add Additional Detailed Description/Condition Information:

TIRES 30%

RUSTED REAR BUMPER

FRONT BUMPER DAMAGE

SEAT RIPPED AND HEADLINER FALLING

SMALL DENT PASSENGER SIDE BED

MECHANICALLY SOUND

NO SPARE TIRE

Data Recorded By: _____ Date: _____